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the evil spirits to come out of her. A huge fire blazed in the center of the hogan and the attendants wore only skirts, the heat being so intense. The patient was well exhausted and again I proceeded to resuscitate her, calling the medicine man's attention to his foolish treatment. The next treatment was a Sand painting, and I had the opportunity to see it drawn, and its exactness in lines and coloring was a revelation. This was their final ceremonial. With difficulty and perseverance the patient recovered.

Navajo Reservation

MISSIONARY NURSE.

SHALL THERE BE COTS IN THE PATIENTS' ROOMS?

Dear Editor: Referring to your editorial in the August JOURNAL concerning the problem of attracting young women to our training schools, I wish to say that graduate nurses, as we all know, are the best advertising agents for our schools, and conditions and comforts after graduation are also attractions. I find that after nineteen years of private duty nursing, twenty-hour duty, plus one year of twelve-hour night duty, prove that cots for the nurses are still quite essential in a patient's room. In every case my patient has asked why I did not secure a cot and rest when I had the opportunity. We try our best to make our patients rest well at night, then proceed to keep quiet in a squeaky chair. They all squeak, and it is a physical impossibility to keep quiet and sit up in this same chair. I've given it one year's fair trial only to go home each morning to try to mend my aching back and to try to sleep with the usual wakeful city's disturbance. As one patient said, "You no sleep, I no sleep," and they all prefer to have their nurse stay in the room. It is easier for the patient to call (there is no danger of the nurse oversleeping), there is less jingling of bells in the hall, and quicker service owing to the shorter distance, no drowsy nor unsightly specials for the hall nurse to fall over, and far less disturbance in general. We do not quite understand the motive of depriving the twelve-hour night nurse of a cot. The cot means more rest for both patient and nurse, better health for both, and better service for the patient, and good service seems to be one of the desirable requisites of a first class training school.

Michigan

Z. L. I.

SOME PRACTICAL SUGGESTIONS

Dear Editor: The nurse who graduates from a hospital training school where every convenience is at hand must use her inventive faculty when caring for a patient in the home. The thought in the mind of the nurse should be, "How would I like to be cared for if in this patient's place?" It is the little things that count for so much when a person is ill. In cold weather the clean linen, bath blankets, towels, etc., can be warmed on the radiator, and the bed pan can be warmed underneath. If the patient is not helpless, leave the bed pan within easy reach, especially if an irritated condition of the bladder exists. Have proper facilities for washing any sauce pans, glasses and spoons used by the patient (dish cloth and towel, soap, sapolio, etc.). The whole of the thermometer should be washed in soap and water after each using. In contagious cases, if the nurse looks after the cleanliness of the room, a floor cloth can be wrung from disinfecting solution (Platt's Chlorides is odorless) and pinned on a dry mop. The cloth should be removed and washed frequently. Prevention is the keynote in every department of nursing, and the Golden Rule applies especially in the sick room.

New Jersey

S. J. G.